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R-030-103 .127

AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-004A

08/10/94

C:RP(RTS):94-0079
FERMCO HAMILTON COUNTY
43
LETTER



Restoration Management Corporation

P.O. Box 398704 Cincinnati, Ohio 45239-8704 (513) 738-6200

August 10, 1994

U. S. Department of Energy
Fernald Environmental Management Project
Letter No. C:RP(RTS):94-0079

5819

P. 030-103.127

Mr. Bradley Miller
Environmental Scientist
Hamilton County Department
of Environmental Services
Air Quality Management
1632 Central Parkway
Cincinnati, OH 45210

Dear Mr. Miller:

AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP-94-004A

The enclosed Asbestos Demolition/Renovation Notification has been amended in the following manner:

Old: Start:	<u>07/07/94</u>	End:	<u>08/18/94</u>
New: Start:	<u>07/07/94</u>	End:	<u>08/22/94</u>

If you have any question concerning this removal, please contact Ervin Fisher, of my staff, at (513) 738-6053.

Sincerely,

Stephen M. Beckman
Manager
Regulatory Technical Support

SMB:EF:mhv
Attachment

cc: L. A. Fisher, FERMCO
R. P. McCullough, FERMCO
P. B. Spotts, FERMCO, w/o attachment
AR Coordinator
RTS Files
File Record Storage Copy 108.6

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # FEMP-94-004A	Postmark	Date received	Notification #
I. TYPE OF NOTIFICATION: Original Revised X Canceled			
II. FACILITY INFORMATION: Owner Name: <u>U. S. Department of Energy</u> Telephone: <u>(513) 648-3151</u> Address: <u>DOE Field Office, Fernald</u> Post Office Box <u>538705</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u> Removal Contractor: <u>Fernald Env. Rest. Mgt. Corp.</u> License #: _____ Address: <u>FEMP, P.O. Box 538704</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u> Contact: <u>Ervin Fisher</u> Telephone: <u>(513) 738-6053</u> Other Operator: (demolition/general) <u>Fernald Environmental Restoration Corp</u> Address: <u>FEMP, P.O. Box 538704</u> City: <u>Cincinnati</u> State <u>OH</u> Zip-code <u>45253</u> Contact: <u>Ervin Fisher</u> Telephone: <u>(513) 738-6053</u>			
III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) R			
IV. IS ASBESTOS PRESENT? (check one) YES X NO			
V. FACILITY DESCRIPTION (Include building name, number and floor number) Building Name: <u>Fernald Environmental Management Project</u> Address: <u>7400 Willey Rd.</u> City: <u>Fernald</u> State: <u>OHIO</u> County: <u>Hamilton</u> Site Location (specific): _____ Facility Size (Square feet) <u>6 Million</u> # of Floors: _____ Age in years: <u>39</u> Present Use: <u>Site Remediation</u> Prior Use: <u>Uranium Products Mfg.</u>			
VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Material assumed to be asbestos based on prior testing of similar material.			
VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS			
	RACM To Be Removed	Nonfriable ACM Not to be Removed Cat I Cat II	Unit of measure Feet Meters
Pipe	792		Linear X
Surface Area	2024		Square X
Volume RACM off Facility Components			Cubic
VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: <u>07/07/94</u> End: <u>08/22/94</u> Hours of Operation: <u>Shift work, (6:00AM to 4:30 PM)</u> Days of the Week: Mon. X Tue. X Wed. X Thur. X Fri. Sat. Sun.			
IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: <u>06/20/94</u> End: <u>06/01/95</u>			

OHIO ENVIRONMENTAL PROTECTION AGENCY

Asbestos Demolition and Renovation Notification Form Page 2

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X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED: Remove 2024 square feet of tank insulation and 792 linear feet of pipe insulation. Manual Removal.
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Glove-bag w/negative air or full enclosure as required, HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.
XII.	WASTE TRANSPORTER #1 Name: _____ Not presently contracted Address: _____ City: _____ State: _____ Zip-code: _____ Contact Person: _____ Telephone: _____ WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip-code: _____ Contact Person: _____ Telephone: _____
XIII.	WASTE DISPOSAL Name: _____ Nevada Test Site Address: _____ P.O. Box 98518 City: _____ Las Vegas State: _____ NV Zip-code: _____ 89193-8518 Contact Person: _____ Telephone: _____
XIV.	EMERGENCY DEMOLITION Not applicable
XV.	EMERGENCY RENOVATION Not applicable
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. All asbestos related work will stop until proper notification and controls are in place.
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS. Not applicable until 11/20/91 <u>Ervin Fisher</u> <u>08/10/94</u> <u>Ervin Fisher Reg/Tech Specialist</u> Signature Date Type Name and Title
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE: <u>Ervin Fisher</u> <u>08/10/94</u> <u>Ervin Fisher Reg/Tech Specialist</u> Signature Date Type Name and Title